U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

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FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257 as amended. Facure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440. ESA

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 1762 9	2 Fiscal Year Covered From	
	1 /01/04 Through 12/31/04	
3 Name and address of person filing	4 Name file number ar ! address of labor organization.	
Name Joshua P. Beckert	Name Major League Baseball Players Association (MBPA) Labor Organization Fl. Number Oley-727	
P.O. Box, Bldg. Room No. if any Swit 302 COMOYE Sports Associates	P O Box, Building and Room Number, if any	
Street Stoolaures Springs Pkwy	Street 12 Eust 49th Street	
city Suwanee	City New Yor	
State 6 ZIP Code + 4 30024	State MY ZIP Code + 4 1 OOL-7	
5. Position in labor organization Player Repres	sentative	
Enter appropriate data below (f, during the past fiscal year, you or your spo (except as specified in the exclu	use or minor child directly or indirectly had any of the following interests usions set forth in the instructions):	
A. Held an interest in engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.		
Name and address of Employer (including trade name fany)	7 a Nature of Interest Transaction or Income	
Name		
Trade Name, if any		
P.O. Box, Bldg , Room No , if any	7 b Amount	
Street		
City		
State ZIP Code + 4		
Sign	ature	
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct and complete (See the se	(ind documents) has been examined by the signatory and is, to the best of the	
Signed 1	On 8/15/05 (678-382-37-88) Date Telephone Number	
Form 1 M-30 (2003)		

Name of Person Filing	oshua V. Beek	File Number U-	
substantial part of which consist of an employer whose employes (2) any part of which consists of	Income or economic benefit with monetary va ts of buying from, selling or leasing to, or other es your labor organization represents or is acti f buying from or selling or easing directly or inc ation or with a trust in which your labor organiza	wise dealing with the business vely seeking to represent, or lirectly to, or otherwise	
Name and address of Busines	is (including trade name of any).	9. Business deals with.	
Name Don uss	Playoth, UP		
Trade Name, if any:		a. Labor Organization	
·		b. Trust	
P.O. Box, Bldg., Room No., if any		c. Employer	
Street 2300 RAN			
City Arun8to	21P Code + 4 76011-6333		
State X	COCCO16+4/PO11-PO20		
10. If 9.b. or 9 c. is checked give	e trust or employer's name	11,a. Nature of such dealing.	
Name		MUBPA Licer	see
Trade Name, if any:			ľ
P.O. Box, Bidg., Room No., if ar	ny		
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Street		11.b. Approximate dollar value of such dealing12.a Nature of interest held or income received.	<u> </u>
	ZIP Code ÷ 4	12.a Nature of interest held or income rece	eived.
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City State		12.a Nature of interest held or income recommends for a Daseball Cand	eived.
City State C. Received from any empl	ZIP Code + 4 Ioyer (other than an employer covered und isultant to an employer any payment of money	12.a Nature of interest held or income record Payments for a Daseball Cond 12.b Amount.	eived. Wto suphins
C. Received from any emplor from any labor relations con-	loyer (other than an employer covered und isultant to an employer any payment of mone) ployer or Labor Relations Consultant	12.a Nature of interest held or income record Payments for a Daseball Cond 12.b Amount.	eived. Wto suphins
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C. Received from any emplor from any labor relations continuous from any labor relations on the following trade name, if any: P.O. Box, Bldg., Room No., if a	loyer (other than an employer covered und isultant to an employer any payment of money ployer or Labor Relations Consultant y).	12.a Nature of interest held or income recommends for a Daseball Candidate of parts A and B above) or other thing of value.	eived. Wto suphins

14.b. Amount of payment

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or Consultant

File Number U-

13.b. Is the Business an Employer

Name of Person Filing Joshua P. Becke	Fite Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any). Name Fleer/Skybox Matchall Trade Name, if any: P.O. Box, Bldg., Room No., if any Ste 3500 Street 1120 Roate 73 City Mt. Laurel State NJ ZIP Code + 4 08054	9. Business deals with: a. Labor Organization b. Trust c. Employer		
10. If 9.b. or 9.c. is checked give trust or employer's name Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	11.a. Nature of such deal rg. MUBPA ULENGE		
Street City State ZIP Code + 4	11.0. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. Payme nts for autographing baseback conds		
C. Received from any employer (other than an employer covered unde	12.b. Amount. \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
or from any labor relations consultant to an employer any payment of money or other thing of value.			
 Name and address of Employer or Labor Relations Consultant (including trade name, if any). 	14.a. Nature of payment.		
Name			
Trade Name, if any			
P.O. Box, Bldg., Room No., if any			
Street			
City			

14.b. Amount of payment.

13.b. Is the Business an Employer

ZIP Code + 4

or Consultant

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State

Name of Person Filing Joshua 7. Becke	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any). Name The Upper Dect 2 Company	9. Business deals with:		
Trade Name, if any:	a. Labor Organization b. Trust		
Street 5909 Sea Otter Place	c. Employer		
State CA ZIP Corle + 972008-16621			
10. If 9.b. or 9.c. is checked give trust or employer's name	11.a Nature of such dealing.		
Name	MUBPA Wensee		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street	11.b. Approximate dollar value of such dealing. \$ 4, 001,574.5		
City	11.b. Approximate dollar value of such dealing. 4 H, Ce 1,574.02		
State ZIP Code + 4	Payment for autographing basebai cards		
	12.b. Amount. \$35,655 -		
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14 a. Nature of payment		
Name			
Trade Name, if any:			
P O. Box, Bldg., Room No., if any			
Street			

14.b. Amount of payment.

13.b. Is the Business an Employer

ZIP Code + 4

or Consultant

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City

State

B. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or ot of an employer whose employees your labor organization represents or is: (2) any part of which consists of buying from or selling or leasing directly or dealing with your labor organization or with a trust in which your labor organization.	herwise dealing with the business actively seeking to represent, or rindirectly to, or otherwise
Name and address of Business (including trade name if any).	9. Business deals with
Name The Topps Company	1 a. Labor Organizat on
Trade Name, if any:	b. Trust
P O. Box, Bldg , Room No., if any	
Street I Whitehall Street	c. Employer
City New York	
State NY ZIP Code + 4 1 0004	
10. If 9.b. or 9.c. is checked give trust or employer siname	11.a. Nature of such dealing
Name	MUBPA Vicensel
Trade Name, if any:	
P.O. Box, Bldg., Room No. If any	
Street	11.b. Approximate dollar value of such dealing US32.71.9 US
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	11.b. Approximate dollar value of such dealing. 4,932,769,49 12.a. Nature of interest held or income received. Payment for autographing baseball cards
	12.p. Amount.
	12.5. Amount. + -5.000
C Received from any employer (other than an employer covered user from any labor relations consultant to an employer any payment of mo	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any	
P O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	

14.b. Amount of payment.

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or Consultant

F le Number U-

13.b. Is the Business an Employer

Name of Person Filing

FORM LM-30

ADDENDUM FOR JOSHUA P. BECKETT

In 2004, I received endorsement income from three (3) businesses that, insofar as I know, do not do business with the MLBPA, but that may do business with one or more Major League Baseball Clubs and/or with Major League Baseball. I do not know whether any of these businesses have such extensive commercial dealings with the clubs and/or with Major League Baseball that those commercial dealings represent a 'substantial part' of their overall business operations. Accordingly, in a good faith effort to fully meet (and perhaps go beyond) my reporting obligation. I am stating below the endorsement income I received from each of these businesses in 2004:

Company:	Amount Received:	
Authentic Sports Investments 28801 U.S. Hwy. 19 North Clearwater, FL 33761	\$40.721.41	Payment for autographing jerseys, hats, baseballs, batting gloves, baseball gloves, photographs and baseball cleats.
	\$ 1.800.00	Expense Reimbursement for a personal appearance (Flight/meals)
Reebok International, LTD 1895 J.W. Foster Boulevard	\$44,250.00	Annual Fee/Award Bonuses
Canton, MA 02021	\$30.000.00	Merchandise Credit
Wilson Sporting Goods 8700 W. Bryn Mawr Ave.	\$35,000.00	Annual Fee/Award Bonuses
Chicago, IL 60631	\$ 5.000.00	Me chandise Credit